

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

18713

FILED JUN 11 1943

Registration District No.

Primary Registration District No.

44-184411

Registrar's No.

20

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Bowling Green - Mo
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Agnes S. Norton

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband Hermon S. Norton 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Nov 29 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Rockport (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Thomas Demoin
13. Birthplace Highland Co. Ohio (City, town, or county) (State or foreign country)
14. Maiden name Rebecca Roberts
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Luella Lee Norton Letting

(b) Address 544 N. 1st St. Bowling Green, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19-43 (Month) (Day) (Year)

(c) Place: burial or cremation Rockport, Ill.

18. (a) Signature of funeral director Frank Bankhead

(b) Address Bowling Green, Mo.

19. (a) 5/17/43 (Date received local registrar) (b) John Frank Gordon (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82
(c) City or town Bowling Green (If outside city or town limits, write "RURAL") 1
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 6 year 1943 hour 5 minute 9 M.

21. I hereby certify that I attended the deceased from April 30 1943 to 5/5 1943
that I last saw her alive on April 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 6 days
Due to Embolic

Due to _____
Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) Means of injury hls

23. Signature John Frank Gordon (M. D. or other) hls
Address Bowling Green, Mo. Date signed 5/8/43

RECEIVED

District Health Officer No. 10

District File Number 6-43-1070

Date Filed JUN 10 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....Registered Apprentice No.....
working under my personal supervision.

Signed.....

Charles A. Roof

Licensed Embalmer No. 3044

P. O. Address.....

Bouling Green

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.